

To: ___ Legislative Members of the Prescription Medication Misuse Interim Committee

From: Elizabeth Chrischilles, PhD

RE: ___ Response to Comments Submitted by IOMA

I am writing in response to comments submitted by the Iowa Osteopathic Medical Association (IOMA) regarding the Prescription Medication Misuse Study. In its comments, IOMA refers to the 2003 report on Medication Therapy Management (MTM) conducted by the University of Iowa College of Pharmacy. As the Principal Investigator of this study and author of this report, I find the comments submitted by IOMA grossly misrepresented [the study results](#).

[First, IOMA addresses the issue of MTM as a 'dramatic expansion of the scope of practice of pharmacists.' As pharmacists in Iowa have provided this level of service since 2000 through Medicaid's pharmaceutical case management \(PCM\) program, and these types of services have been evaluated since that same time, it is important to note this is not an expansion to pharmacists' scope of practice.](#)

[k1]

[As a note – PCM \(pharmaceutical case management\) was a term understood by Iowa legislators and was included when the bill passed in 2000. This was before the Medicare Modernization Act of 2004 passed Congress and was signed into law defining MTM \(medication therapy management\) as a 'cornerstone' to Medicare Part D. The principal elements and services provided by pharmacists through MTM and PCM are the same. \[k2\]](#)

IOMA states that the [original PCM](#) study found there was no quality improvement associated with MTM services. The report that was submitted to the legislature in 2003 [found showed](#) that MTM [shows that MTM](#) services significantly improved medication safety. Patients who received services under the Medicaid [pPharmaceutical cCase mManagement](#) program (PCM) had a 12.5% improvement in the Medication Appropriateness Index, a detailed, structured measure of ten domains of prescribing quality. In addition, among PCM recipients age 60 and older, those using medications considered inappropriate for use among the elderly decreased by 24% compared to patients in the same population who did not receive MTM services.

[The published study *Evaluation of the Iowa Medicaid Pharmaceutical Case Management Program* received the 2005 Wiederholdt Prize by the American Pharmacists Association for best paper of the year recognizing the definitive positive impact of the program on medication safety. Notably, the measures of medication safety used in the PCM program and evaluation are those commonly used to measure medication use quality by national quality assurance bodies.](#)

including HEDIS (Healthcare Effectiveness Data and Information Sets) and PQA (Pharmacy Quality Alliance).

Comments submitted by IOMA state patients who received MTM services during this study went to the physician's office, the emergency room, and were hospitalized at the same rate as patients who did not receive MTM services. The report found that there was a significant decrease in emergency room and outpatient facility utilization among patients of pharmacies that adopted the new service most intensively.

I encourage you to read the compiled results of the 2003 study on the Medicaid PCM program. I have also included a copy of the report I submitted to members of the Health and Human Services Budget Subcommittee at that time. ~~I would like to note this report was the recipient of the 2005 Wiederholdt Prize by the American Pharmacists Association for best paper of the year. It definitively demonstrated the positive impact of the program on medication safety. Since then, the measures of medication safety have been those commonly used to measure medication use quality by national quality assurance bodies (HEDIS, PQA).~~

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